

PSJ3

Exhibit 612



Threshold Change Form

Immediate Change Request Y/NYAnticipated Effective Date: 12/15/08Date: 12/15/08Customer Name: CVSAddress: 5301, 5302, 5305, 5307

DEA number: _____

Customer Account number: many

Provide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- | | |
|------------------------------|----------------------------|
| 1. CS requested: <u>9193</u> | Increase amount <u>30%</u> |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

National adjustment due to the vast number of increases needed during a shortage and demand shift, per Don Walker and the DRA team.

McKesson use only

1. Date of last site visit/observation. _____
2. Questionnaire and Declaration on file? _____ Date: _____
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months?

Current Threshold

1. various
- 2.
- 3.
- 4.
- 5.

Denied By: _____

Date: _____

Approved by:

DCM _____

Date: _____

Sales _____

Date: _____

Threshold Change Form 12-15-2008.doc

MCK 000511

MCKESSON

Empowering Healthcare

Regulatory dg

Date: 12-15-08

Threshold Change Form 12-15-2008.doc

MCK 000512

Confidential Material Exempt
From Disclosure Under FOIA

Kramer, Jake

From: Gustin, Dave
Sent: Wednesday, December 17, 2008 8:10 AM
To: #PGDCM
Cc: de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy
Subject: FW: could you do me a favor.

Attachments: Threshold Change Form.doc

All;

On Nov 28 I was sent requests by Michael for over 200 Thresholds to get 30% increases for various National accts. The attached TCR form covers all RNA increases made that date. Please sign and file. This is not routine but I was the only DRA on and so my time was spent making the changes and I may have missed some email's to the DCs. Include a copy of this email along with the TCR in the file. Thanks for your patience and understanding.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal
Sent: Wednesday, December 17, 2008 9:56 AM
To: Gustin, Dave
Subject: RE: could you do me a favor.

Dave



Threshold Change
Form.doc (64 ...

Thank you

Micheal Bishop
Compliance Analyst, Business Process

McKesson Pharmaceutical
Retail National Accounts, Support Solutions
1220 Senlac Drive
Carrollton, TX 75006

972.446.4892 Tel
972.446.5493 Fax
972.872.0149 Cell
micheal.bishop@mckesson.com

• www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

From: Gustin, Dave
Sent: Wednesday, December 17, 2008 8:49 AM
To: Bishop, Micheal
Subject: RE: could you do me a favor.

Yep....11/28

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal
Sent: Tuesday, December 16, 2008 5:16 PM
To: Gustin, Dave
Subject: RE: could you do me a favor.

This is the Thanksgiving increases?

Thank you

Micheal Bishop
Compliance Analyst, Business Process

McKesson Pharmaceutical
Retail National Accounts, Support Solutions
1220 Senlac Drive
Carrollton, TX 75006

972.446.4892 Tel

972.446.5493 Fax

972.872.0149 Cell

micheal.bishop@mckesson.com

www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

From: Gustin, Dave
Sent: Tuesday, December 16, 2008 3:01 PM
To: Bishop, Micheal
Subject: RE: could you do me a favor.

I just need a TCR from you signed and dated the 30th. I will use it for the 30% increases I made for the RNAs that day after you emailed me all those reports. Thx

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal
Sent: Tuesday, December 16, 2008 4:00 PM
To: Gustin, Dave
Subject: RE: could you do me a favor.

I am...meeting for next 30

Thank you

Micheal Bishop
Compliance Analyst, Business Process

McKesson Pharmaceutical
Retail National Accounts, Support Solutions
1220 Senlac Drive
Carrollton, TX 75006

972.446.4892 Tel
972.446.5493 Fax
972.872.0149 Cell

micheal.bishop@mckesson.com

www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

From: Gustin, Dave
Sent: Tuesday, December 16, 2008 2:59 PM
To: Bishop, Micheal
Subject: could you do me a favor.

Are you in today?

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

McKESSON

Empowering Healthcare

Threshold Change FormImmediate Change Request Y/NYAnticipated Effective Date: 11/28/2008Date: 11/28/2008Customer Name: Various RNA Customers - See attachmentAddress: CVS 5307 DEA number: Customer Account number: See attachmentProvide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- | | |
|--|---|
| 1. CS requested: <u>Various</u> | Increase amount <u>30% increase</u> |
| 2. CS requested: <u> </u> | Increase amount <u> </u> |
| 3. CS requested: <u> </u> | Increase amount <u> </u> |
| 4. CS requested: <u> </u> | Increase amount <u> </u> |
| 5. CS requested: <u> </u> | Increase amount <u> </u> |

Reason for change (attach supporting documentation):

Increase due to Thanksgiving holiday - 30% increase

McKesson use only

1. Date of last site visit/observation.
2. Questionnaire and Declaration on file? Date:
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months?

Current Threshold

1. various
- 2.
- 3.
- 4.
- 5.

Denied By: Date: **Approved by:**DCM Date: Sales Date: Regulatory dgDate: 11/28/08

Threshold Change Form.doc

MCK 000517

Kramer, Jake

From: Gustin, Dave
Sent: Wednesday, December 17, 2008 8:10 AM
To: #PGDCM
Cc: de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy
Subject: FW: could you do me a favor.

Attachments: Threshold Change Form.doc

All;

On Nov 28 I was sent requests by Michael for over 200 Thresholds to get 30% increases for various National accts. The attached TCR form covers all RNA increases made that date. Please sign and file. This is not routine but I was the only DRA on and so my time was spent making the changes and I may have missed some email's to the DCs. Include a copy of this email along with the TCR in the file. Thanks for your patience and understanding.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal
Sent: Wednesday, December 17, 2008 9:56 AM
To: Gustin, Dave
Subject: RE: could you do me a favor.

Dave



Threshold Change
Form.doc (64 ...

Thank you

Micheal Bishop
Compliance Analyst, Business Process

McKesson Pharmaceutical
Retail National Accounts, Support Solutions
1220 Senlac Drive
Carrollton, TX 75006

972.446.4892 Tel
972.446.5493 Fax
972.872.0149 Cell
micheal.bishop@mckesson.com

www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

From: Gustin, Dave
Sent: Wednesday, December 17, 2008 8:49 AM
To: Bishop, Micheal
Subject: RE: could you do me a favor.

Yep....11/28

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal
Sent: Tuesday, December 16, 2008 5:16 PM
To: Gustin, Dave
Subject: RE: could you do me a favor.

This is the Thanksgiving increases?

Thank you

Micheal Bishop
Compliance Analyst, Business Process

McKesson Pharmaceutical
Retail National Accounts, Support Solutions
1220 Senlac Drive
Carrollton, TX 75006

972.446.4892 Tel
972.446.5493 Fax
972.872.0149 Cell

micheal.bishop@mckesson.com

www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

From: Gustin, Dave
Sent: Tuesday, December 16, 2008 3:01 PM
To: Bishop, Micheal
Subject: RE: could you do me a favor.

I just need a TCR from you signed and dated the 30th. I will use it for the 30% increases I made for the RNAs that day after you emailed me all those reports. Thx

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal
Sent: Tuesday, December 16, 2008 4:00 PM
To: Gustin, Dave
Subject: RE: could you do me a favor.

I am...meeting for next 30

Thank you

Micheal Bishop
Compliance Analyst, Business Process

McKesson Pharmaceutical
Retail National Accounts, Support Solutions
1220 Senlac Drive
Carrollton, TX 75006

972.446.4892 Tel
972.446.5493 Fax
972.872.0149 Cell

micheal.bishop@mckesson.com

www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

From: Gustin, Dave
Sent: Tuesday, December 16, 2008 2:59 PM
To: Bishop, Micheal
Subject: could you do me a favor.

Are you in today?

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834



Threshold Change Form

Immediate Change Request Y/NYAnticipated Effective Date: 11/28/2008Date: 11/28/2008Customer Name: Various RNA Customers - See attachment

Address: _____

DEA number: _____

Customer Account number: See attachmentProvide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- | | |
|---------------------------------|-------------------------------------|
| 1. CS requested: <u>Various</u> | Increase amount <u>30% increase</u> |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

Increase due to Thanksgiving holiday - 30% increase

McKesson use only

1. Date of last site visit/observation. _____
2. Questionnaire and Declaration on file? _____ Date: _____
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months?

Current Threshold

1. various
- 2.
- 3.
- 4.
- 5.

Denied By: _____

Date: _____

Approved by:

DCM _____

Date: _____

Sales _____

Date: _____

Regulatory dg

Date: 11/28/08

Threshold Change Form.doc

MCK 000522

McKESSON

Empowering Healthcare

Threshold Change Form

Immediate Change Request Y/NY

Anticipated Effective Date: 12/15/08Date: 12/15/08Customer Name: CVS

Address: _____

DEA number: _____

Customer Account number: manyProvide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- | | |
|------------------------------|----------------------------|
| 1. CS requested: <u>9193</u> | Increase amount <u>30%</u> |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

National adjustment due to the vast number of increases needed during a shortage and demand shift, per Don Walker and the DRA team.

McKesson use only

1. Date of last site visit/observation. _____
2. Questionnaire and Declaration on file? Date: _____
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months?

Current Threshold

1. various
- 2.
- 3.
- 4.
- 5.

Denied By: _____

Date: _____

Approved by:

DCM _____

Date: _____

Sales _____

Date: _____

Threshold Change Form05_20_08.doc

MCK 000523



Regulatory dg

Date: 12-15-08

Threshold Change Form05_20_08.doc

MCK 000524

Confidential Material Exempt
From Disclosure Under FOIA

McKESSON

Empowering Healthcare

Threshold Change Form

Immediate Change Request Y/NY

Anticipated Effective Date: 11-25-08

Date: 11-26-08

Customer Name: FM0755299 442358 CVS PHCY 5302A

Address: _____

DEA number: _____

Customer Account number: _____

Provide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- | | |
|------------------------|-----------------------|
| 1. CS requested: 9300 | Increase amount 30% |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

Per the agreement between CVS and McKesson approved by Don Walker on Sept 25 to temporarily withhold threshold monitoring until CVS analyzed requested data.

McKesson use only

1. Date of last site visit/observation. _____
2. Questionnaire and Declaration on file? _____ Date: _____
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: _____

Date: _____

Approved by:DCM Jake KramerDate: November 26, 2008

Sales _____

Date: _____

Threshold Change Form CVS11-25-08.doc

MCK 000525

MCKESSON

Empowering Healthcare

Regulatory Tracy Jonas

Date: November 26, 2008

Threshold Change FormCVS11-25-08.doc

MCK 000526

Confidential Material Exempt
From Disclosure Under FOIA

McKESSON

Empowering Healthcare

Threshold Change Form

Immediate Change Request Y/NY

Anticipated Effective Date: 11-25-08Date: 11-25-08Customer Name: CVS Phcy 5301AAddress: 1311 Grand Ave
Billings, MT 59102DEA number: FM0755364Customer Account number: 170206

Provide Econo most number, Description, NDC or Base Code Change in selling unit or percentage

- | | |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>30%</u> |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

Per the agreement between CVS and McKesson approved by Don Walker on Sept 25 to temporarily withhold threshold monitoring until CVS analyzed requested data.

McKesson use only

1. Date of last site visit/observation. _____
2. Questionnaire and Declaration on file? _____ Date: _____
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: _____

Date: _____

Approved by:

DCM Jake KramerDate: 11/25/08

Sales _____

Date: _____

Threshold Change Form CVS11-25-08 (2).doc

MCK 000527

MCKESSON

Empowering Healthcare

Regulatory Tracy Jonas

Date: November 25, 2008

Threshold Change FormCVS11-25-08 (2).doc

MCK 000528

Confidential Material Exempt
From Disclosure Under FOIA